

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Ron DeSantis**

Governor

Joseph A. Ladapo, MD, PhD

State Surgeon General

Site Visit Request for Child Care Licensing

Applicant/Owner:**Site Address:****E-mail:****Contact Phone Number and name if different from Applicant/Owner:**☐ **Child Care Facility
(Commercial Location)**☐ **Family Child Care Home
(Private Home Location)**☐ **Substantial Compliance Facility
(Co-located with K-12 School)****What age children will your program serve? Check all that apply.**☐ **Infants (0-1 year)**☐ **Infant (1-2 year)**☐ **Preschool**☐ **School Age****When will your program operate? Check all that apply.**☐ **Daytime**☐ **Nighttime (after 7:00 PM)**☐ **Weekends****What services would you like to offer?**☐ **Before School**☐ **Afterschool**☐ **Food Service**☐ **Transportation****Signature of Applicant****Date:****Submit to Child Care Licensing:**

- E-mail: PBChildcare@flhealth.gov
- Mail: Child Care Licensing
 - 800 Clematis Street
 - West Palm Beach, FL 33401
- Fax: 561-837-5084

❖ **An invoice will be e-mailed with instructions for payment of \$85.00**

❖ **Once payment has been processed, a supervisor will contact you to schedule the site visit.**

For Office Use Only

Fee: \$85.00

Date Paid:

Receipt # 50-BID-